

RELEASE OF LIABILITY  
Data Required by the Privacy Act of 1974

Prescribing Directive: 10 USC 2733, 28 USC 2671-2680, AR 27-20

Authority: Title 10, USC 3013. Principal Purposes: To release the United States Government, Department of the Army, and the agents and employees thereof from any and all liability arising from or incident to participation in **the Joint Readiness Training Center Rotation.**"

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, if information is not provided, participation in the Army Special Forces demonstrations may be denied.

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In consideration of the permission extended to me by the United States, through its agents, **to participate in the Joint Readiness Training Center Rotation, I**

\_\_\_\_\_ agree to release and hold harmless the United States Government, the United States Army, Fort Polk and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of **covering the Joint Readiness Training Center Rotation.**

I understand that hazards includes, but is not limited to the risk of death or serious injury such as cuts, scrapes and bruises, broken bones, twisted ankles, sprains, pulled or strained muscles, knee and other joint injury, head injury, burns, and stress-related injury resulting from: participating in long range foot movements; tripping or falling on military aircraft; driving vehicles at high speeds, and around and through obstacles; the risks/hazards of running and physical exertion over a prolonged period; panic attacks; faulty or malfunctioning equipment; or the conduct of other participants, including their negligence or willful misconduct.

I certify that I will abide by all safety rules and the direction of **safety personnel, PAO representatives, observer controllers and JRTC members.** I further acknowledge that failure to abide by all safety rules and the direction of safety personnel may result in my being disqualified from participating in any further events at Fort Polk. I will wear any and all safety equipment required by the supervisors and instructors.

I also release the United States and the United States Army from any and all liabilities, claims, and causes of action, based on or arising from negligence or gross negligence on the part of the United States Army, Fort Polk, and its agents and employees.

I acknowledge that I have read and understand the provisions of this release and understand that it is binding upon myself and my assigns, heirs, executors, beneficiaries, family members, and derivative claimants. I further acknowledge that I have no medical history or condition that would preclude me from participating in the training conducted in the Fort Polk and JRTC area.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature